

## ***Applied Independent Review***

***An Independent Review Organization***

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***March 26, 2018      Amended June 20, 2018***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Pain Management and Emergency Medicine

***Description of the service or services in dispute:***

Lumbar Facet block L5/S1 level, Medial branch of the Dorsal ramus bilaterally X 1

***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

***Patient Clinical History (Summary)***

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as when XXXX was XXXX. The current diagnosis is documented as sprain of ligaments of lumbar spine. Past treatment included physical therapy and epidural steroid injection. An MRI of the lumbar spine was performed on XXXX and showed broad central 3mm protrusion at the L5-S1 level with mild to moderate bilateral facet degeneration as well as mild bilateral neural foraminal stenosis. On XXXX, it was documented this patient had low back pain with functional deficits secondary to pain. The patient reported that the prior epidural steroid injection provided less than 50% pain relief. Upon physical examination, it was noted XXXX had facet pain on range of motion. Facet tenderness was noted at the bilateral facets at the L5-S1 level. On XXXX, the patient had pain to the low back and reported that physical therapy helped. Patient was unchanged. On XXXX, it was documented this patient had complaints of pain to the low back that XXXX rated 7-9/10. Upon physical examination, it was noted XXXX had no significant changes since the last office visit.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

According to the Official Disability Guidelines, medial branch blocks are recommended in those with facet-oriented, non-radicular pain despite conservative care. The clinical documentation submitted for review indicted this patient had low back pain despite physical therapy and injections. Facet tenderness was noted at the bilateral facets to the L5-S1 level. Imaging showed facet degeneration to this region. Accordingly, the request is supported. As such, the request is medically necessary and the prior determination is overturned.

*A description and the source of the screening criteria or other clinical basis used to make the decision:*

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase AHRQ-
- Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines European Guidelines for Management
- of Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines Pressley Reed, the Medical Disability
- Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters Texas TACADA
- Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)